

Business Registration Certificate

Person Conducting Business
Under Assumed Name or Partnership
County of Macomb, Office of County Clerk
\$10.00 Filing Fee

D.B.A. File No. _____
Certificate Exp. _____
Certificate Filed _____
Dissolved _____

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich., for the year 1907, as amended, that the following person (or persons) now owns, carries on, conducts or transacts, or intends to own, carry on, conduct, or transact, a business, or maintain an office or place of business, in the County of Macomb, State of Michigan, under the name, designation or style set forth below:

1. NAME OF BUSINESS_____

2. STREET ADDRESS OF BUSINESS _____

City_____ State_____ Zip _____ Phone _____

3. BUSINESS mentioned above (Insert "IS" or "IS NOT") _____ a partnership. **If a partnership, complete sections 4, 5 and 7. If not a partnership, complete sections 4, 5 and 6. SIGNATURES ARE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC.**

4. NAME OF PERSON OR PERSONS, owning, transacting, or composing the above business, and the home address of each.

Name	House Number/Street (No P.O. Boxes)	City/State/Zip Code
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(Print)_____

(Print)_____

(Print)_____

(Print)_____

5. SIGNATURES OF ALL PERSONS LISTED ABOVE – **DO NOT SIGN UNLESS IN THE PRESENCE OF A NOTARY PUBLIC!!**

(Signature)_____

(Signature)_____

(Signature)_____

(Signature)_____

6. STATE OF MICHIGAN Subscribed and sworn to before me this _____ day of _____ A.D., _____

COUNTY OF MACOMB (Signature)_____

(Print)_____

Notary Public, State of Michigan, County of Macomb

My Commission expires: _____

Acting in the County of Macomb

7. PARTNERSHIP CERTIFICATE. The undersigned hereby certify under the provisions of P.A. No. 164, P.A. of Mich., for the year 1913, as amended, that the business named herein is a partnership.

STATE OF MICHIGAN I, _____

COUNTY OF MACOMB

one of the co-partners of the said firm _____

(Write in name of firm on this line)

do hereby certify that all co-partners of said firm have herein above individually subscribed their respective names as witnessed by myself, and that the place of residence of each said co-partner as above written is true and correct. **DO NOT SIGN UNLESS IN THE PRESENCE OF A NOTARY PUBLIC!!**

(Signature)_____

(ONE OF THE CO-PARTNERS OF ABOVE NAMED FIRM)

STATE OF MICHIGAN Subscribed and sworn to before me this _____ day of _____ A.D., _____

COUNTY OF MACOMB (Signature)_____

(Print)_____

Notary Public, State of Michigan, County of Macomb

My Commission expires: _____

Acting in the County of Macomb

STATE OF MICHIGAN

COUNTY OF MACOMB

**** FOR MACOMB COUNTY CLERK’S OFFICE USE ONLY ****

I, Carmella Sabaugh, Clerk of the County of Macomb and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original of record in my office, and that the same is a correct transcript therefrom, and of the whole of such original.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court, this _____ day of _____, A.D., _____.

By:  _____
Macomb County Clerk/Register of Deeds

By: _____
Deputy Clerk

NOTE: This Certificate must be renewed within (5) years from date. If you change your place of business you must notify this office. If you change the personnel listed above on an assumed name, you must file Notice of Dissolution, or file an amended Partnership Certificate with this office. "Person" means one or more individual, partnerships, trusts, fiduciaries, or other entities capable of contracting, except corporations and limited partnerships. MCLA 445. 1 AS AMENDED 1990. Rev. 6/04 MC-310